

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025480  
STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 53

FILED JUN 20 1963

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Doniphan</b>		c. CITY OR TOWN <b>Doniphan</b>	
Length of stay in lb <b>Life</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ripley Co. Mem Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>207 Plum</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Leslie (Dick) Jackson Rouse</b>		4. DATE OF DEATH Month <b>June</b> Day <b>9</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/14/02</b>
9. AGE (last birthday) <b>61</b>		IF UNDER 1 YEAR Months <b>61</b> Days <b>61</b> Hours <b>61</b> Min. <b>61</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tax Consultant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Doniphan, Missouri</b>	
11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>A.J. Rouse</b>		13b. MOTHER'S MAIDEN NAME <b>Sara A. Davis</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT Address <b>Mrs W.H. Hinton Doniphan, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Urinary Tr. Infection</b> DUE TO (b) <b>General Malnutrition &amp; Asthenia</b> DUE TO (c) <b>Pulmonary Emphysema</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b> <b>1 mo.</b> <b>20 yrs.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour <b>7:45</b> a.m. Month, Day, Year <b>July, '62</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Doniphan, Missouri</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>July, '62</b> to <b>Death</b> and last saw him alive on <b>6-9-63</b> Death occurred at <b>7:45 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Gene L. Loran M.D.</b> (Degree or title)	
22b. ADDRESS <b>Doniphan, Missouri</b>		22c. DATE SIGNED <b>6-12-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-11-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Doniphan Cemetery</b>		23d. LOCATION (City, town, or county) <b>Doniphan, Missouri</b>	
24. FUNERAL DIRECTOR <b>Edwards Funeral Home Doniphan, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-11-63</b>	
26. REGISTRAR'S SIGNATURE <b>Flawn Broz</b>			

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

FEB 4 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Jack L. Cunningham Student Embalmer No. 676

working under my personal supervision.

Student Jack L. Cunningham  
Signature of Student Embalmer

Signed Gene A. Parent

Licensed Embalmer No. 4809

P. O. Address Naylor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 6-11-63 J.B.